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ABSTRACT

This descriptive study of the developmental characteristics of urban children, most of whom were black, was a pilot study designed to take a broad overview of agency foster children as compared with children who had been cared for by a grandparent (usually the grandmother) and children cared for by their parents. In this comparison, the agency foster child was disadvantaged in all areas examined; neurologic, psychologic, hearing, language and speech from birth through 7-8 years. By the age of seven years, four of every ten foster children were evaluated as either suspect or abnormal neurologically. On neonatal, first year and seventh year examinations 61% of the family group, 49% of the children living with their grandparents and only 40% of the foster children were described as normal. These differences give rise to the hypothesis that imperfections of children contribute to the decision to seek an alternative type of caretaker: in this case, foster parents or grandparents. Since six of the children in the foster group fared as well as or better than the children in the other two groups, additional research is indicated. It would be of particular importance to gain understanding of the ecological variables which relate to satisfactory or superior performance by foster children and the underlying biosocial risk factors, during the prenatal and early childhood periods, which relate to inadequate performance. (Author/RH)

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DEVELOPMENTAL CHARACTERISTICS OF URBAN CHILDREN: CONTRASTS BETWEEN CHILDREN CARED FOR IN THEIR OWN HOMES, IN HOMES OF GRANDPARENTS AND IN AGENCY FOSTER CARE

A Pilot Study

Final Report to the Office of Child Development - Agency for Children, Youth and Families

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TABLE OF CONTENTS

	Page #
BACKGROUND INFORMATION	1
OBJECTIVES AND SUMMARY STATEMENT	2-3
LITERATURE REVIEW	4
SAMPLE SELECTION	9
VARIABLES FOR ANALYSES	13
Tests of measurements from birth of the child through 8 years and demographic characteristics of the biologic mother, grandmothers and foster mothers	
DATA ANALYSES AND TABLES	14
SUMMARY AND CONCLUSIONS	24
REFERENCES	26

DEVELOPMENTAL CHARACTERISTICS OF URBAN CHILDREN: CONTRASTS BETWEEN CHILDREN CARED FOR IN THEIR OWN HOMES, IN HOMES OF GRANDPARENTS AND IN AGENCY FOSTER CARE

A Pilot Study of the Child Development Study
Johns Hopkins University School of Medicine

INTRODUCTION: The Johns Hopkins Child Development Study

During the course of a longitudinal study of factors influencing child development, approximately 4850 pregnant women were enrolled at their first prenatal visit to the Johns Hopkins Hospital Obstetrics Clinic. Their surviving children were then followed through the age of 8 years.

Successful follow-up of children leaving the newborn nursery has been in the 90% range. Extensive, prospective, multidisciplinary data pertaining to the children, their mother and family, have been collected. Available data include demographic, socio-economic parameters, family, genetic, medical, neurosensory, behavioral and sociological information at several points in time. Of the women enrolled in the Johns Hopkins Child Development Study (JHCDS) [1], 77% were black and 23% white. They were initially in the lower middle and lower socio-economic brackets, but considerable upward mobility has occurred over the years. The pregnancies were studied between 1959 and 1965 with the

youngest children born in the late summer of 1965. The selection process was random for the most part; 88% of the study mothers were randomly selected from women accepted for prenatal care and delivery in the Johns Hopkins Woman's Clinic. However, 12% of the total sample was made up of all women of 16 years and below, 40 years and above and all diabetic mothers (a very small number).

A subsample of 466 children has recently been evaluated at the 12 year level. During the period up to the eight year level 114 children were alleged to be in foster care. Because of the interest and cooperation of the staff of the City Department of Social Services almost complete follow-up of all foster children was possible.

OBJECTIVES

(1) To utilize the very large amount of existing data to describe the patterns of physical and behavioral development of children who have spent significant time in foster care, i.e., foster home not institutional care.

(2) To contrast the familial, personal and developmental characteristics of the foster children with those of children spending significant time in the care of relatives and those who have been in the care of their parents.

SUMMARY STATEMENT

It was hypothesized that many foster children are 'different' with respect to a number of developmental characteristics.

In the JHCDS, the opportunity existed to contrast the development of children who experienced foster agency care with those from a superficially similar environment who did not, i.e., those who have lived with grandparents and natural parents. A large amount of information describing the children and their families was readily available. The collection of such information, de novo, would require many years and hundreds of thousands of dollars.

Finally, and most important, the presentation of these data is regarded as essentially descriptive and does not presume to make a definitive evaluation of the effect of foster care per se. It is hoped, however, that it will provide objective information which can serve to point directions for development of hypotheses and further investigation in greater depth than was possible in a limited pilot study.

LITERATURE REVIEW

In a preliminary examination of data from the JHCDS, the foster children consistently demonstrated a greater frequency of negative biological and/or developmental outcomes. However, in this group of almost 100 children, there were about a half dozen who fared as well as, or better than, the comparison groups. This positive note is made to emphasize the need for examining in greater detail the intricate and sometimes confounding factors which appear to influence child development. A search of the foster care literature, while it produced a large volume of material, failed to yield studies in which comparisons were drawn between children, from the same general environment and comparable in other ways, but socialized in different family settings, for example, foster children as compared with those in other child caring arrangements. Nevertheless, authors have contributed to the understanding of issues in foster care. A brief review of their work follows:

The SUNY and additional literature searches regarding children in foster care produced a variety of investigatory themes, starting with, 'Why foster care?' [2]; educational, with reference to: reading [3]; speech therapy [4]; sex education [5]; in group discussion [6]; and remedial education [7]. Other topics of research included nutrition [8];

weight differences [9]; the drug-abusing mother [10]; characteristics of family [11]; surrogate mother/child relationship [12]; understanding the disturbed child [13]; agency services [14]; and foster parent rights [15].

The November-December, 1976 issue of Children Today was devoted almost exclusively to foster care. Three articles dealt with process [16-18] and one regarding estimation of costs in foster care [19]. Three additional articles address topics regarding the foster parent [20-22].

Swire and Kavaler [23], in a study of health care and needs of foster children in New York City area, indicated physical, mental and developmental problems such as:

> Physical - almost half (45%) of the sample children were found to have at least one chronic problem. Of these, one in four showed evidence of a single condition, and one in five exhibited multiple disabilities; 37% had more adverse conditions requiring medical attention.
>
> Developmental - 29% of preschool foster children tested for developmental delays were judged to be 'abnormal' or 'questionable' in the areas of personal/social, language and fine or gross motor abilities. Among this group, one in three were classified as 'abnormal' in development.

Mental - only 4% of the foster children screened by survey psychiatrists were found to be unimpaired mentally. By contrast, the rate for 'moderate-severe' impairment was 70%, truly, a shocking rate of abnormality!

A paper by H. B. M. Murphy [24] deals with an empirical association between outcome and natural family history in long-term foster children, offering suggestions to identify children having poor outcomes and suggesting approaches in dealing with the problem.

Jacobson and Cockerum [25] and Weinstein [26] address the foster child's perception of himself. In the former paper the comments by children reflected the heart of their feelings; 'People just take it for granted - if you're in foster care, there's got to be something the matter with you,' another, 'After so long of having people step on you, you pretty well build your shell and nobody could get through.' Then, in summary

> "One final observation might be of interest. These young people were heard on a number of occasions, speaking to various groups. Although the basic content of their remarks did not change, their ability to communicate and to look at their experiences more objectively grew with each presentation. As a group, they appear to have been able to rise above the effects of their unpleasant experiences. Perhaps the fact that others have shown genuine interest in their personal feelings and views on foster care has given them not only an added sense of self-worth, but reason to believe that they, and others like them, can prompt constructive change within the very system in which they had felt trapped such a short time ago."

Davorsen [27] discusses foster care of the abused child as often the only resource available to protect a child but points out that it has its disadvantages.

The most recent and ambitious investigation in the foster care spectrum was carried out at the Columbia University School of Social Work. A five year longitudinal study was completed, which addressed three areas. In 1975, Jenkins and Norman [28] published, 'Beyond Placement: Mothers View of Foster Care.' In a book review, Cautley [29] comments that this volume focuses on the most neglected individuals in the foster care system, the biological parents of the child in foster care. The authors found that a the end of five years not much had changed in these families; about 70% living at the poverty level, mothers continuing to bear children and most had moved, some more frequently than others. One slight positive change was that more had better neighborhood surroundings even though a larger proportion were living alone than before.

Shapiro's [30] volume addressed agencies and foster children. A book review by Headsten [31] referred to it as a thoroughly detailed and scholarly report, after having first having questioned the study's basic assumption that the most desirable outcome of all foster care is for the child to return to the home of natural origin. Another challenging note was directed to the notion that the study social workers perceived most of the children entering foster care as healthy, citing her own

experiences to be substantially to the contrary. Our experience indicates that a very significant proportion deviates from normal.

The third, and very thorough volume reporting the Columbia University Study was completed in 1978 by Dr. David Fanshel [32], Professor, Columbia University School of Social Work and Director of Child Welfare Research Program. In this work Fanshel zeros in on an array of pertinent issues regarding the Study's foster children. These include, parental visiting of children in foster care; mental abilities of foster children; analysis of change in school achievement; clinical assessment of the children through psychological testing; child behavior characteristics of foster children; the child's adaptation to foster care; behavior symptoms at end of study; the children's and their social worker's perception of foster care and an overview and look to the future.

The national Study of Social Services to Children [33] provides a national perspective; 22% of children receiving services from public agencies are in foster homes.

Unfortunately, as information was not available on the pregnancy and neonatal course of children reported, it is difficult to evaluate the possible effect of maternal and other biological contributions to the abnormalities noted. Dinnage's [34] study provides an international

flavor by examining data presented from a variety of studies of foster care in the United States, The United Kingdom, Israel, Sweden, etc.

SAMPLE SELECTION

The objective of this study is to compare the developmental processes of children from three groups:

(1) Children who have been in foster agency care during the first seven years of life;

(2) Children who have been cared for by their grandparents (usually grandmother) for one or more years during the first seven years of life.

(3) Children who have lived with their parents only for the first twelve years of life.

The following describes the selection process of each group.

I. Children in Foster Agency Care (n=100)

From the child's personal record, 114 children were identified whose biological mother or mother surrogate informed the JHCDS clinic that the child was, or had been, in foster care some time during the first seven years of life. With excellent cooperation from the Department of Social Services, we were able to verify those children who had indeed been in foster agency care; for how long they had been

in foster care, and the number of foster homes each child had been in. The Department of Social Services staff were able to identify 93 children from the list submitted, 49 of whom are still in foster care. In addition, seven children who were originally living in Baltimore City had moved to Baltimore County and were in foster homes under the jurisdiction of the Baltimore County Department of Social Services. These children were included in the total foster agency child group. Although the 100 children will be examined as a statistical aggregate, it is to be emphasized that great differences among their specific environmental influences do prevail. The remaining 14 children who had been reported as being in foster care were, in fact, with relatives or friends rather than foster agency care and were excluded from the total.

II. Children with Grandparents for One or More Years (n=100)

These children, born between 1959 and 1965, were selected from the total Child Development Study (JHCDS) as were the foster agency children. By reviewing the social data collected at age seven, in which the mother or mother surrogate was asked if the child always lived with the biological mother or someone else, the following b[illegible]down regarding children living with grandparents or other relatives was obtained:

(a) 96 children lived with grandparents for one or more years. These children comprise one of the contrast groups for this study.

(b) 50 children lived with their grandparents for less than one year.

(c) 50 children lived with other relatives and friends for varying periods of time - three months to several years.

We had hoped to include these last two groups in this preliminary analysis, but were unable to do so due to time restraints and limited resources.

III. Children with their Parents Since Birth (n=100)

These children were also participants in the Child Development Study (JHCDS) and were born in 1963 and 1964, with the bulk falling in 1964. They comprised a subsample of 466 children who were selected for an ecological study designed to appraise the twelve year old child. These children had also been studied at seven years as had the groups mentioned above.

This group was selected as the second contrast group with the thought that the child who lived in the nuclear family setting for a twelve year period heightened the contrast with those children who experienced one or many home environment changes.

Of the 466 children in this subsample, 137 (29.4%) were with their parents for twelve years from birth; 55 (11.8%) for seven years from birth and the remainder of 275 (58.8%) were in situations wherein only

the biological mother, grandmother, or other relative or friend had the children for some period of time during the first 12 years from birth. Of the 137 children who were with their parents for twelve years, 100 were randomly selected to make up the comparison group for this study.

JHCDS VARIABLES INCLUDED IN THIS PILOT STUDY

Variables Regarding the Children in Each of the Three Groups

Birth weight (grams)
Gestational age
Sex
Race
Complications of Pregnancy
Complications of L/D (birth)
Neonatal/Pediatric problems
8-month mental
8-month motor
1-year neuro
4-year IQ
4-year Psych. overall
7-year Bender
7-year full scale WISC
7-year current grade
7-year WRAT spelling
7-year WRAT reading
7-year WRAT arithmetic
7-year Psych. overall
7-year Neuro
7-year height
7-year weight
8-year speech, language, hearing

Variables Regarding the Biologic Mothers

Maternal age
Maternal occupation at 7 yrs.
Marital status - birth & 7 yrs.
Maternal highest grade completed - birth & 7 yrs.
Prior living children
Subsequent living children

Demographic Data

Head of household - birth & 7 yrs.
Number of persons in household - birth & 7 yrs.
Number of rooms - birth & 7 yrs.
Father of child - age, education, occupation

Variables Regarding Foster Child Sample

Number of foster homes each lived in
Age at placement in first foster home
Length of placements
Foster mother (current or last one) - age, education, marital status, income & source, husband's age, ed.

Variables Regarding Children with Grandmother Sample

Age at placement with grandmother
Length of placement with grandmother - age, education, marital status, income & source, husband's age, education;

DATA ANALYSES

The data analysis carried out is of a secondary nature, and is, therefore, by definition, limited to that information available from the JHCDS data file as checked against the files of the Social Service Departments. The presentation is descriptive and preliminary. In no way should it be interpreted as implying causality. Some evidence of trends or indications, however, are manifest. Some of these results are reflective of outcome conditions at varying age intervals, while some, particularly those relevant to the mother and father per se, can be seen as precursors. Thus, some concepts relevant to prevention, and some toward treatment or reaction may evolve.

Recognizing the challenge presented by the World Health Organization's definition of health, physiological, psychological and sociological variables were examined for each of three subsample populations.

Physiological data included birthweight, gestational age, sex, race, neurological assessments for neonatal, one and seven year intervals, seven year height and weight measurements and presence or absence of congenital malformations and neonatal infections.

Psychological variables which were assessed concerned eight month mental and motor skills, four and seven year IQ scores, behavior and overall ratings, a seven year Bender Gestalt Test of visual motor

perception, the Wide Range Achievement Test (WRAT) for spelling, reading and arithmetic, and eight year assessments of hearing, language and speech and academic achievement.

The sociological concerns dealt with maternal and paternal age, marital status at birth of child, number of people in the household, maternal and parental education at birth of child and socio-economic status.

A very preliminary examination of data for foster children has been undertaken, controlling for the number of foster homes, age at admission to first foster home, and total years in foster care. Similarly, data for those children living with their grandparents have been controlled for on age of first move, total years away from biologic mother, and the number of moves away from the biologic mother.

These data, however, due to the small n's distributed among a large number of variable attributes are not in reportable form. It is anticipated, however, that they will lend evidence to the hypothesis of heterogeneity of foster children, despite superficial environmental homogeneity.

BIOLOGICAL VARIABLES

Looking first at the basic demographic assessments (Table 1), the difference observed are minimal. Although there were slightly

PHYSICAN ASSESSMENTS (TABLE I)

	Birthweight									Sex					Race				
	≤2000		2001-2500		2501-3500		≥3501		Total	Male		Female		Total	Black		White		Total
	N	%	N	%	N	%	N	%		N	%	N	%		N	%	N	%	
Foster	5	5	10	10	70	70	15	15	100	58	58	42	42	100	72	72	28	28	100
Grand-Parents	7	7	15	16	61	64	13	14	96	48	50	48	50	96	80	83	16	17	96
Family	1	1	15	15	68	68	16	16	100	50	50	50	50	100	77	77	23	23	100

	Height (7 yr)									Weight (7 yr)									
	≤111		112-120		121-130		≥131		Total	≤40		41-50		51-60		≥61		Total	
	N	%	N	%	N	%	N	%		N	%	N	%	N	%	N	%		
Foster	4	4	45	48	41	44	4	4	94	3	3	49	52	36	38	6	6	94	
Grand-Parents	2	2	33	38	43	50	8	9	86	2	2	43	50	31	36	10	12	91	
Family	4	4	40	40	52	52	4	4	100	9	9	53	53	25	25	13	13	100	

	Gestational Age				Total
	≤36 wks		≥37 wks		
	N	%	N	%	
Foster	25	25	74	74	99
Grand-Parents	28	31	63	69	91
Family	16	17	81	83	97

more infants that were cared for by foster parents or grandparents born with birthweights below 2,000 grams, the percentage under 2,500 (a somewhat standardized barometer of prematurity) was 15-17 for all three groups. This relatively small percentage is somewhat surprising for the foster and grandparents samples in light of the large number of adolescent (≤ 17) mothers in these two groups.

There were no sex differences observed among the groups (half male and half female) except for the group of foster children, who were much more likely to be male (58%). This division gives rise to the question of whether males are less desirable to these biologic parents, more attractive to prospective foster parents, some combination of the two, or a myriad of other factors, e.g., more difficult or easier to manage? An accurate response would require considerably more research.

The majority of the population studied is black, but the largest percentage of white children fell into the foster child category. As is true of the sex variable, the push-pull hypothesis deserves further investigative attention.

Both the foster children and those living with their grandparents were more likely to have experienced a shorter gestational age than

those living with their biologic parents. However, this is not surprising in light of the large number of adolescent mothers of these two groups (Table 10).

There do not appear to be any significant differences of height and weight at seven years. Thus, from a physical, demographic perspective, those physical discrepancies that were observed at birth have been mitigated by the age of seven.

Turning now to congenital malformations and neonatal infections (Table 2) and the neurological assessments (Table 3), the analyses reflect some substantial differences. In each of these measurements a larger percentage of the children residing with their putative parents fall into the normal category, with few into the suspect/abnormal groupings. But, by the age of seven years, four of every ten foster children were evaluated as either suspect or abnormal neurologically. The frequencies are even more dramatic for those children who were evaluated as normal on all three examinations (i.e., neonatal, one year and seven years). Normal described 61% of the family group, 49% of the children living with their grandparents and only 40% of the foster children.

These differences give rise to the hypothesis that imperfections of children contribute to the decision to seek an alternative type of caretaker; in this case foster parents or grandparents. As with other differences noted in these data, however, additional research

TABLE 2

CONGENITAL MALFORMATIONS AND NEONATAL INFECTIONS

	YES		NO		TOTAL
	N	%	N	%	
Foster	13	13	87	87	100
Grand-Parents	10	11	84	89	94
Family	7	7	93	93	100

TABLE 3

NEUROLOGICAL ASSESSMENTS

	NEONATAL							ONE YEAR						
	Normal		Suspect		Abnormal		Total	Normal		Suspect		Abnormal		Total
	N	%	N	%	N	%		N	%	N	%	N	%	
Foster	76	76	23	23	1	1	100	62	73	18	21	5	6	85
Grand-Parent	71	75	24	25	0	0	95	77	86	12	13	1	1	90
Family	86	86	14	14	0	0	100	85	87	11	11	2	2	98

	SEVEN YEAR						
	Normal		Suspect		Abnormal		Total
	N	%	N	%	N	%	
Foster	57	60	30	32	8	8	95
Grand-Parent	71	78	17	19	3	3	91
Family	79	79	17	17	4	4	100

would be required to permit more than the most tentative of statements. Biological imperfections in the child may reflect inadequate nutrition during pregnancy and/or early postnatal life, complications of pregnancy, labor and delivery, inapparent infections of the central nervous system, etc., or problems induced by inadequate parenting and deprivation. The foster children may have come under agency care because of desperately inadequate home conditions.

PSYCHOLOGICAL AND EDUCATIONAL VARIABLES

A large number of psychological and educational/psychological variables were tapped for children in these three groupings. These variables included seven year Wide Range Achievement Tests for spelling, reading and arithmetic, and seven year grade placement (Table 4). In general, these data provide an interesting stepwise, albeit small, progression. That is, foster children were consistently the least proficient, followed by those children cared for by their grandparents, while those living with their parents enjoyed the greatest degree of success.

This same pattern is reflected in the data presented in Table 5 for four and seven year IQ scores and the seven year Bender Gestalt measurement of visual motor performance. Although the differences

TABLE 4

ACADEMIC ACHIEVEMENT AT 7 YEARS

WRAT

	KDG.		1st		2nd		3rd		4th		5th		6th	
Spelling	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Foster	24	26	49	54	15	16	2	2	0	0	1	1		
Grand-Parents	18	20	56	62	16	18								
Parent	9	9	69	70	18	18	3	3						
Reading														
Foster	18	20	58	63	11	12	3	3	1	1			1	1
Grand-Parents	13	14	62	69	10	11	5	6						
Parent	12	12	69	70	14	14	3	3	1	1				
Arithmetic														
Foster	30	33	48	52	14	15	1	1						
Grand-Parent	17	19	41	46	31	34								
Parent	15	15	43	43	41	49								

7 YEAR GRADE PLACEMENT

	KDG.		1.0		2.0		3.0	
	N	%	N	%	N	%	N	%
Foster	2	2	52	58	33	37	2	2
Grand-Parent	1	1	46	52	41	46	1	1
Parent	-	-	63	64	36	36	-	-

TABLE 5

4 AND7 YEAR IQ AND 7 YEAR BENDER

4 YEAR IQ

	≤69		70-79		80-89		90-99		100-109		≥110		Total
	N	%	N	%	N	%	N	%	N	%	N	%	
Foster	9	10	16	18	24	28	22	25	9	10	7	8	87
Grand-Parents	5	6	10	12	17	21	30	38	16	20	5	6	80
Family	4	4	12	12	19	19	30	30	21	21	13	13	99

7 YEAR WISC

Foster	6	7	17	18	27	29	27	29	13	14	2	2	92
Grand-Parents	3	3	11	12	26	29	31	34	16	18	3	3	90
Family	3	3	9	9	20	21	42	43	18	19	6	6	97

7 YEAR BENDER

	Normal		Suspect		Abnormal		Total
	≤8		9 - 13		≥14		
	N	%	N	%	N	%	N
Foster	39	43	37	41	14	16	90
Grand-Parents	49	55	36	40	4	4	89
Family	63	63	34	34	3	3	100

between the grandparent and family samples are often minimal, the foster children differ greatly. Over half of the foster care children had four and seven year IQ scores below 90, and less than half were evaluated as normal on the seven year Bender assessment. The proximity of the percentages between those children residing with their grandparents and those with their parents may suggest either a greater degree of caring among grandparents as an alternative caretaker as opposed to foster parents or a greater degree of biological impairment in foster children. Again, these hypotheses require additional research effort. The imperfection hypothesis, however, suggested in light of the neurological measurements is furthered by these psychological data.

The data presented in Table 6 for the eight month socio-emotional assessment, for the four and seven year overall psychological ratings are repetitive of these findings, excepting that the distance between the children living with their parents and grandparents is increased.

Table 6a presents an overview of those children who were rated normal from the neonatal neurologic through the 7 year psychologic and neurologic examinations.

However, an interruption of this statistically 'clean' pattern is reflected by the eight year global assessment for language presented in Table 7. Indeed, a larger percentage of children living with their

TABLE 6

SOCIO-EMOTIONAL AND OVERALL RATINGS

8 MONTH SOCIO-EMOTIONAL

	Normal		Suspect		Abnormal		Total
	N	%	N	%	N	%	
Foster	68	82	13	17	1	1	76
Grand-Parent	80	95	5	6	0	0	85
Family	91	93	6	6	1	1	98

4 YEAR OVERALL

	Normal		Suspect		Abnormal		Total
	N	%	N	%	N	%	
Foster	56	63	27	30	6	7	89
Grand-Parent	59	72	22	27	1	1	82
Family	80	82	17	17	1	1	98

7 YEAR OVERALL

	Normal		Suspect		Abnormal		Total
	N	%	N	%	N	%	
Foster	52	55	29	31	13	14	94
Grand-Parent	54	60	29	32	7	8	90
Family	75	75	20	20	5	5	100

Table 6a

Percentage of Children Normal at Each Evaluation Period from Birth through 7 years

Examination	Parents Group %	Parents Group N	Grandma Group %	Grandma Group N	Foster Child Grp. %	Foster Child Grp. N
Physical and/or Neurological						
Neonatal, 1-yr. and 7-year	61.0	98	49.0	88	38.4	86
Psychological						
8 month Bayley (mental, motor social behavior)	77.0	97	73.0	86	60.0	78
4 year Binet (fine motor, behavior and overall rating)	61.2	98	48.0	82	47.1	87
7 year battery (behavior and overall rating)	63.0	100	56.7	90	52.1	89
Normal on All	46.4	97	28.0	75	27.3	70

TABLE 7

8 YEAR GLOBAL ASSESSMENTS

	HEARING							LANGUAGE							SPEECH						
	Normal		Suspect		Abnormal		Total	Normal		Suspect		Abnormal		Total	Normal		Suspect		Abnormal		Total
	N	%	N	%	N	%		N	%	N	%	N	%		N	%	N	%	N	%	
Foster	76	83	8	9	8	9	92	20	22	46	50	26	28	92	58	63	26	28	8	9	92
Grand-Parent	75	82	13	14	3	3	91	40	44	33	36	18	20	91	65	71	21	23	5	6	91
Family	93	93	3	3	4	4	100	36	36	53	53	11	11	100	86	86	12	12	2	2	100

parents were judged suspect than either of the other subgroups, although fewer were seen as abnormal. An explanation of this aberration requires further study. The stepwise progression pattern is applicable, however, for hearing and speech, although minimal for hearing.

With the exception of the eight year global language measurement, the psychological data is in support of the imperfection hypothesis suggested by the biological data, and, in addition, they provide some evidence for a differential of greater care among grandparents than for foster parents.

SOCIOLOGICAL VARIABLES

As determined in the selection process of the sample, the parents who kept their children were more likely to represent a married nuclear family unit (Table 8). Of the two sets of parents who were not married and living together, one was separated and the other was engaged in a common law marriage. Thus, all were presently, had been, or had definitive plans to maintain the societal model of a family unit. Less than half of the parents of children in the two groups were married at the time of the study child's birth.

While marital status is clearly and strongly associated with the decision to keep one's child or seek some other type of care, size of

TABLE 8

MARITAL STATUS AT BIRTH

	Married		Widowed Divorced Separated		Single		Common-Law		Total
	N	%	N	%	N	%	N	%	
Foster	41	44	18	19	34	36	1	1	94
Grand-Parents	42	45	8	9	42	45	1	1	93
Family	98	98	1	1	0	0	1	1	100

NUMBER OF PEOPLE IN HOUSE AT BIRTH

	2		3		4		5		6		7		8		9+		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Foster	7	8	14	15	12	13	14	15	13	14	12	13	10	11	9	10	91
Grand-Parents	9	10	10	11	23	25	13	14	10	11	8	8	16	11	8	8	91
Family	8	8	21	21	16	16	9	9	22	22	8	8	6	6	10	10	100

NUMBER OF ROOMS AT BIRTH

	1		2		3		4		5		6		7		8		9+		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Foster	5	5	16	18	12	13	15	16	24	26	13	14	5	5	1	1	-	-	91
Grand-Parents	5	5	15	16	20	22	8	9	21	23	19	21	7	8	5	5	1	1	91
Family	3	3	16	16	21	21	17	17	29	29	11	11	2	2	1	1	-	-	100

family constellation and home do not seem to be significant factors. Thus, one of the more traditional explanations of foster care would not appear to apply to this population.

A second popular thesis, that of income, is related in this study population (Table 9). Income was measured in two ways: earned vs. unearned or some combination thereof, and as a part of a socio-economic index. At the birth of the study child fewer parents (62%) of children later entering foster care were earning all of their income, and more (22%) were receiving all unearned income. In contrast, all but three of the nuclear family units were earning all or part of the monies they received. Although these proportions had shifted somewhat by the seven year interval, the stable family unit was still much more likely to be earning all of its income.

A corresponding higher ranking was noted for these families for the overall socio-economic index. Fewer of these families are in the lower segment, and much larger percentages are in the middle and upper strata of the overall study population. Clearly, then, socio-economic status contributed to the environmental conditions of these children, and financial efficacy seems to be associated with the events which lead to alternative caretaker decisions.

TABLE 9

INCOME (EARNED VS UNEARNED) PRB INDEX*

INCOME AT BIRTH

	Earned		Unearned		Combination		Total
	N	%	N	%	N	%	
Foster	62	68	20	22	9	10	91
Grand-Parents	74	81	5	6	12	13	91
Family	94	94	3	3	3	3	100

PRB INDEX - AT BIRTH**

	≤3.9		4.0-6.0		≥ 6.1		Total
	N	%	N	%	N	%	
Foster	59	60	28	31	4	4	91
Grand-Parents	60	67	22	25	7	8	89
Family	31	32	48	49	19	19	98

INCOME AT 7 YEARS

	Earned		Unearned		Combination		Total
	N	%	N	%	N	%	
Foster	68	84	9	11	4	4	81
Grand-Parent	57	68	15	18	12	14	84
Family	86	86	13	13	1	1	100

*Myrianthopoulos, N. C. and French, K. S.: An application of the U. S. Bureau of the Census Socio-economic Index to a large diversified patient population. Soc. Sci. Med., 2:283, 1968.

**The mean socioeconomic level for the families in the JHCDS was in the range of 4 to 4.9, on a scale in which zero was the lowest score and 9.9 the highest. The three variables which compose this rating were education, occupation and family income.

One contributing factor to the higher socio-economic status may well have been the age of the parents. That is, the older parent has had a greater opportunity to complete the educational process, gain employment and generate a certain level of experience and security. The parents of children who remained with them were older, with only 3% of the mothers and 1% of the fathers falling into the adolescent category, i.e., 17 years or below at birth of the child. Both the foster and grandparent groups had a large proportion (36% and 40% respectively) of mothers who were adolescent.

In congruence with age, educational achievement was greater for parents of children in the nuclear family pattern, and less for the parents who had alternate caretakers. Indeed, more than half (57%) of the mothers of foster children had never attended high school, and an additional 34%, while they attended, failed to graduate, i.e., only 11% graduated from high school as compared with about 70% for the study population as a whole (Table 10).

Summary

From this preliminary examination of available data, some ideas have emerged. The concept of density and size of family constellation does not appear to be a major factor in the selection of an alternative caretaker for one's children. Conversely, socio-economic status,

TABLE 10

MATERNAL AND PATERNAL EDUCATION

Maternal Education at Birth

	≤ 8th Grade		Some High School		High School Grad.		≥ High School		Total
	N	%	N	%	N	%	N	%	
Foster	53	57	31	34	6	6	2	2	93
Grand-Parents	35	38	39	42	6	6	3	3	93
Family	21	21	43	43	25	25	11	11	100

Paternal Education at Birth

	N	%	N	%	N	%	N	%	
Foster	19	30	26	41	17	26	2	3	64
Grand-Parents	8	13	38	62	12	20	3	5	61
Family	32	33	32	33	31	32	3	3	98

MATERNAL AND PATERNAL AGE AT BIRTH

Maternal Age at Birth

	≤ 17		18-19		20-24		25-29		30-34		≥ 35		Total
	N	%	N	%	N	%	N	%	N	%	N	%	
Foster	36	36	6	6	17	17	18	18	18	18	5	5	100
Grand-Parents	38	40	19	20	22	23	10	10	5	5	2	2	96
Family	3	3	10	10	27	27	28	28	21	21	11	11	100

Paternal Age at Birth

Foster	13	15	11	13	16	18	16	18	11	13	20	23	87
Grand Parents	9	11	19	23	33	39	12	14	6	7	5	6	84
Family	1	1	4	4	21	21	19	19	28	28	27	27	100

with its attendant components, both ascribed (age) and achieved (occupation, education and income) relates quite strongly and shows potential as a predictor variable.

In addition, and of considerable substantive significance, these data indicate the importance of imperfections of the child as precursors or concomitants for the child care decision. A second hypothesis which evolved from this analysis is the potential contrast in caring as manifested by foster parents and grandparents.

Finally, though data for foster children and for children in the other two groups have been combined within each group for statistical purposes and do demonstrate group differences, the heterogeneity within each group must not be forgotten. Some foster children did in fact do well; the three highest scores in reading were those of foster children. It would be important to know the characteristics of children and the homes which relate to successful adaptation on the part of the child and those characteristics which do not.

Foster Child in Baltimore

The plight of many (15-20%) of the 5300 children in foster care in the City of Baltimore, who are 'in limbo' is well described in a recent article (July 9, 1978) in the Baltimore Sun (Appendix II). The article points out that the average length of stay in foster care in the City is 11.4 years.

We have been very fortunate in having good lines of communication between the JHCDS and those in the Baltimore City Department of Social Services responsible for foster care. They have made it possible for us to obtain regular follow-up on all JHCDS children in their care and have been generous in sharing information, without their assistance this study would not have been possible.

SUMMARY AND CONCLUSIONS: Pilot Study

This study of the developmental characteristics of urban children was done as a pilot study with the primary purpose of taking a very broad overview of agency foster children as compared with children who had been cared for by a grandparent (essentially the grandmother) and children cared for by their parents (essentially the biological mother and father). There was never any intent to appraise the influences of the foster care system or the two contrasting groups, i.e., contrast was the essential focus in this, a limited pilot study.

This broad overview revealed that the agency foster child was at greatest disadvantage in all areas examined; neurologic, psychologic, hearing, language and speech from birth through 7-8 years. The fact that there were a larger proportion of adolescent mothers in this group, (as with the children cared for by their grandmothers but who were somewhat better off than the foster care group) may, in part, account for these

deficiencies. However, being cognizant of the pitfalls of aggregate data, a more in-depth look at these data should be pursued. For example, within the foster group children, a half dozen of the children faired as well as or better than the children in the other two groups.

Although the data provide some insight, interpretation must be cautious in that the data were aggregated, and interpretation is therefore susceptible to the commission of an ecological fallacy. Substantial additional information could be gained by examining what age the child entered foster care, how many foster homes the child lived in, and the length of stay in each. (See Appendix I which illustrates the scatter regarding the first two of these factors based on data received from the caretakers of these children). Similarly information for time of entry into the home of the grandparents and for how long the child remained in such care, is also absent.

With the cooperation of the Department of Social Services and Baltimore City Public Schools, by whom we have been given access to records, a more comprehensive and realistic understanding of the foster child can be achieved. It would be of particular importance to gain understanding of: (1) the ecological variables which relate to satisfactory or superior performance by foster children; and (2) the underlying biosocial risk factors, prenatal, prenatal and during childhood which relate to inadequate performance. It is only on the basis of such understanding that intelligent and rational decisions about alternative care for children without functional parents can be made.

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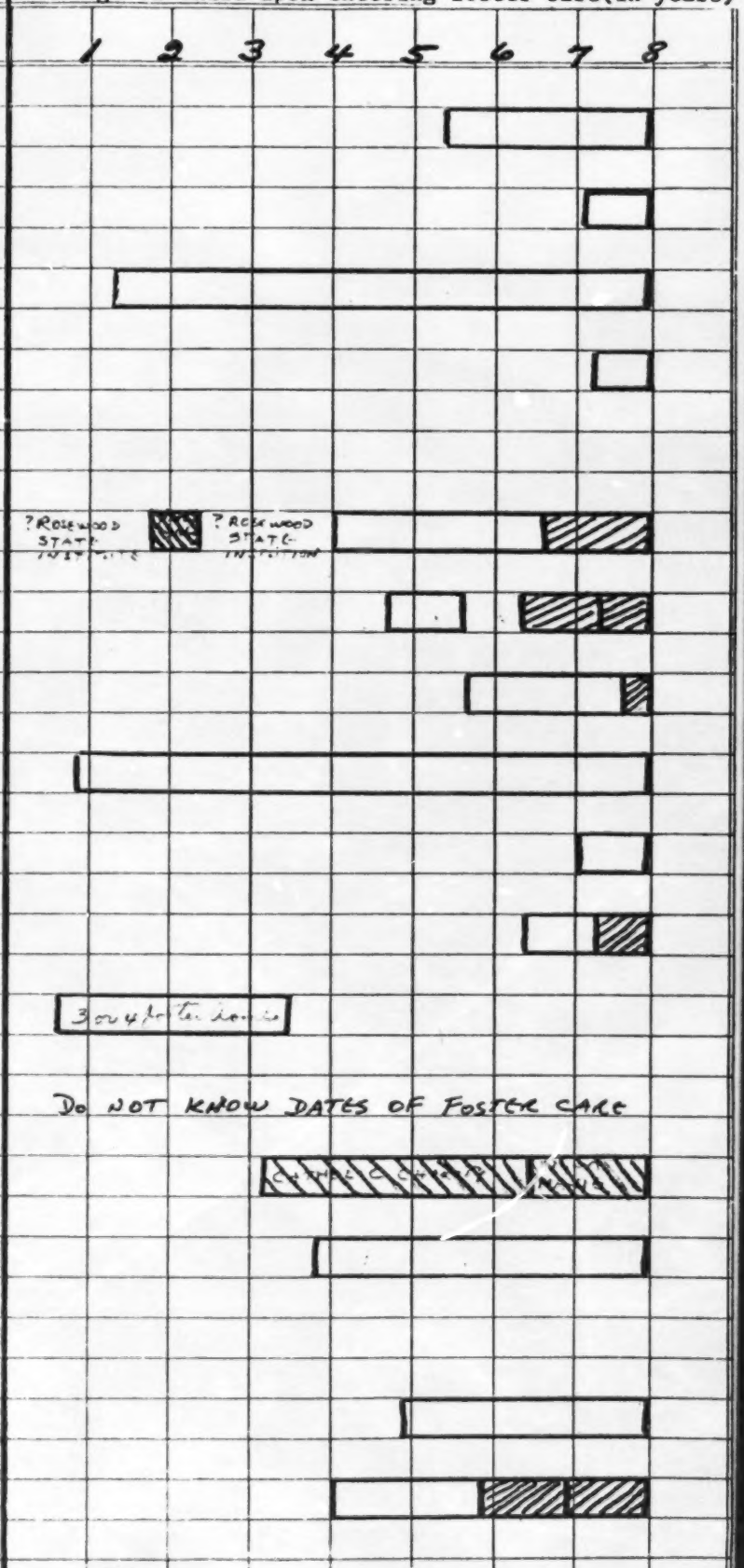
APPENDIX I

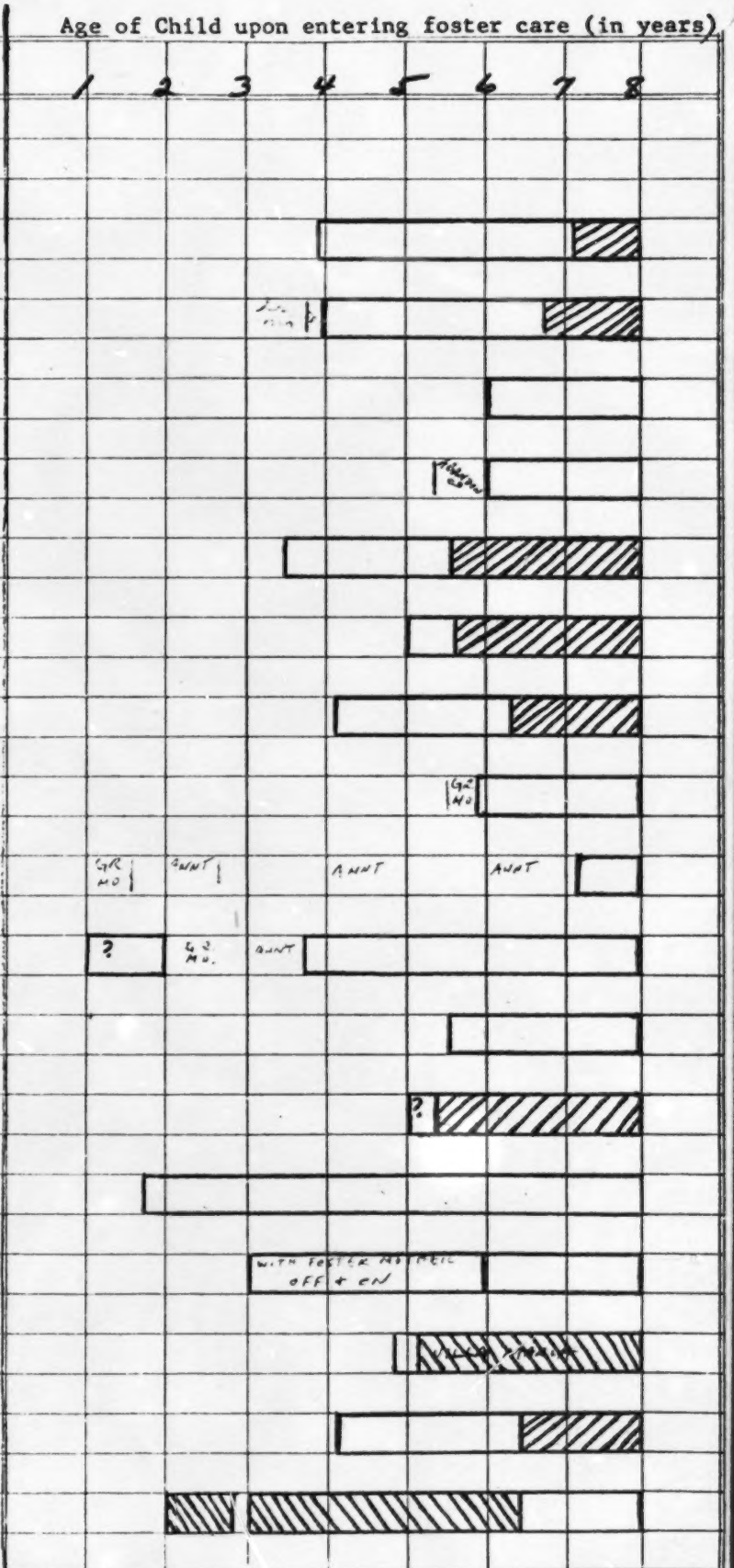
Case Number	Disposition of Case - 1978 (Dept. of Social Services)
1	? No Foster Home
2	Closed 11/22/77
3	County Foster Home ? No Foster Home in City
4	Closed 1/2/76
5	? No Foster Home
6	Closed 1/65
7	Closed 10/27/75
8	Closed 10/26/77
9	Active
10	Active
11	Active
12	Closed 10/64
13	Closed
14	Closed 9/19/73
15	Active
16	? No Foster Home
17	? No Foster Home
18	Active

Reported in (JHCDS) Records
Age of Child upon entering foster care (in years)



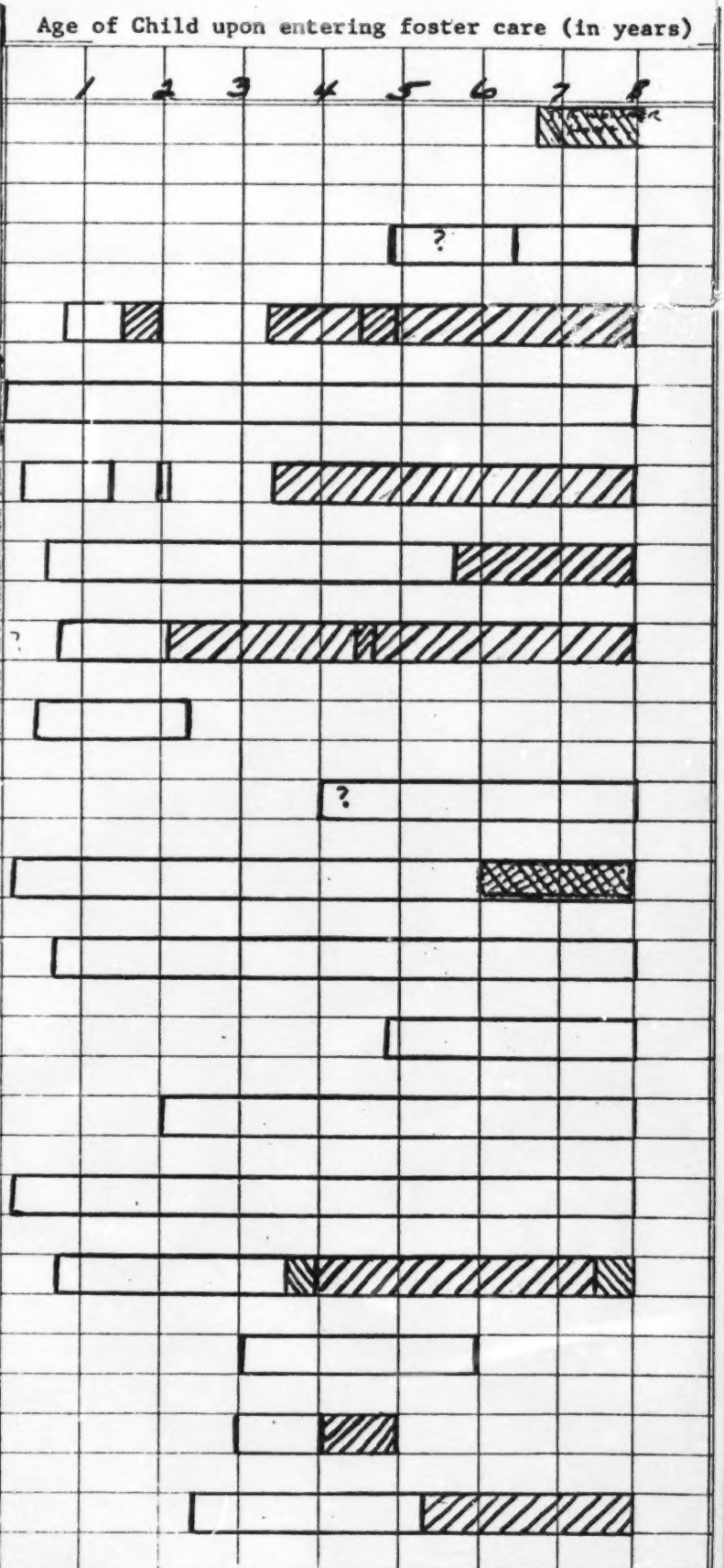
LEGEND: ONE FOSTER HOME · ADDITIONAL FOSTER HOMES · ORPHANAGE · ADOPTED

Case Number	Disposition of case - 1978 (Dept. of Social Services)
19	? NO FOSTER CARE HOME
20	CLOSED 3/24/76
21	ACTIVE
22	ACTIVE
23	ACTIVE
24	ACTIVE
25	ACTIVE
26	ACTIVE
27	? NO FOSTER HOME
28	CLOSED 5/31/74
29	ACTIVE
30	CLOSED 8/16/74
31	CLOSED 8/5/74
32	BALTIMORE COUNTY FOSTER HOME
33	ACTIVE
34	ACTIVE
35	? NO FOSTER HOME
36	ACTIVE

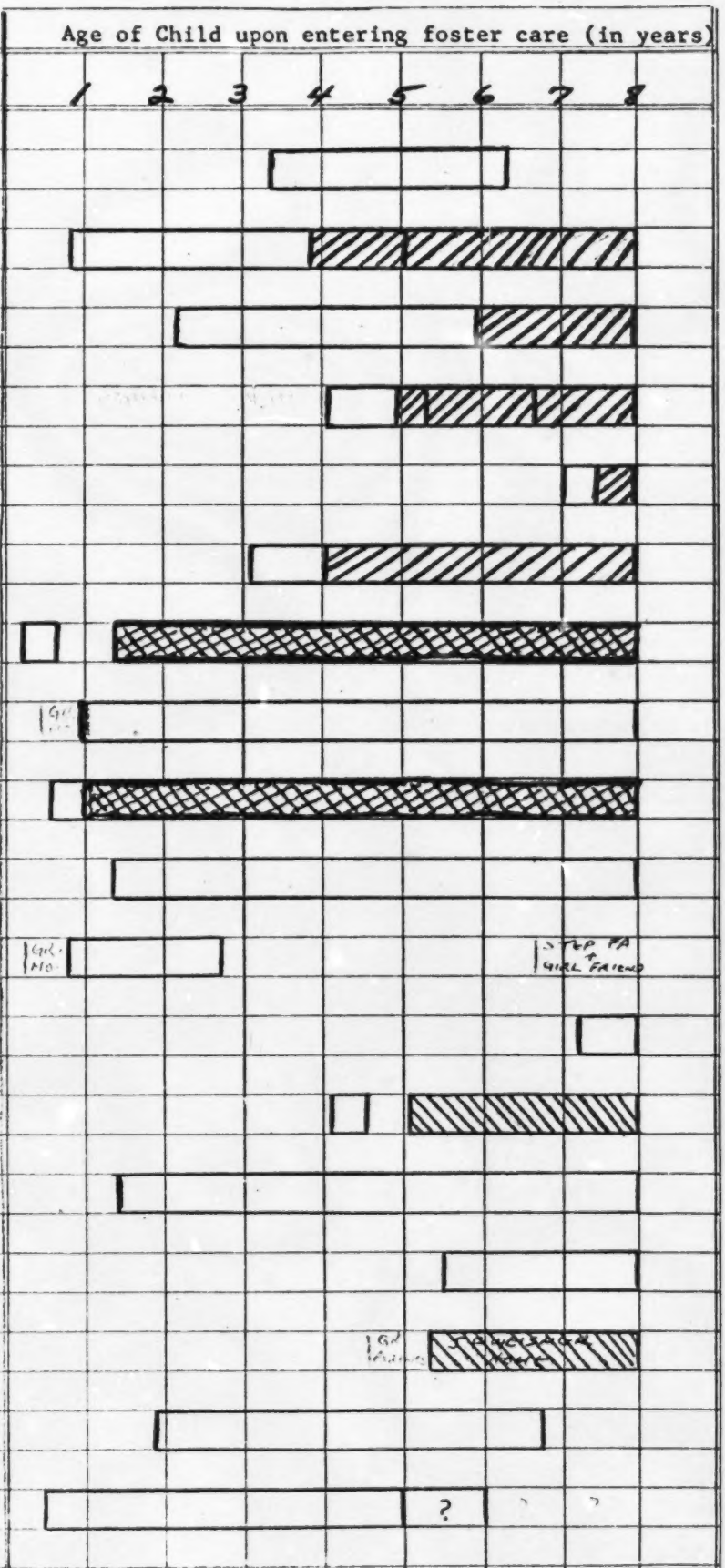


Case Number	Disposition of case - 1978 (Dept. of Social Services)	Age of Child upon entering foster care (in years) 1 2 3 4 5 6 7 8
37	BALTIMORE COUNTY FOSTER HOME	
38	ACTIVE	
39	CLOSED 1/13/75	GR HO + BABY SITTER
40	ACTIVE	
41	ACTIVE	
42	CLOSED 1/26/76	ENTERED FOSTER HOME AFTER 7 YEARS OF AGE
43	ACTIVE	
44	CLOSED 5/68	
45	ACTIVE	
46	ACTIVE	
47	BALTIMORE COUNTY FOSTER HOME	
48	CLOSED 8/8/74	
49	ACTIVE	
50	ACTIVE	
51	ACTIVE	
52	BALTIMORE COUNTY FOSTER HOME	
53	ACTIVE	
54	ACTIVE	

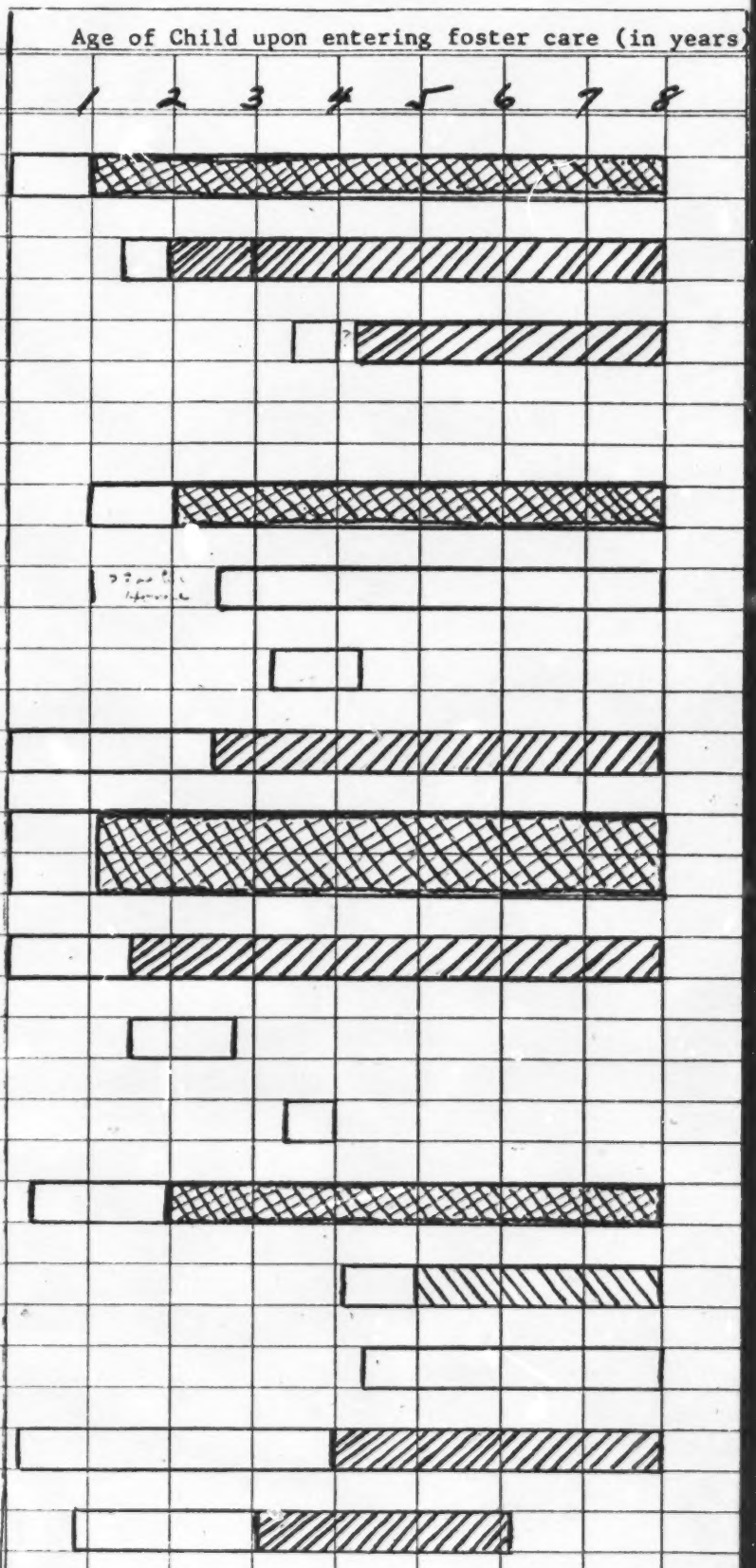
Case Number	Disposition of case - 1978 (Dept. of Social Services)
55	? NO FOSTER HOME
56	? NO FOSTER HOME
57	ACTIVE
58	ACTIVE
59	ACTIVE
60	ACTIVE
61	ACTIVE
62	CLOSED 7/67
63	CLOSED 11/67
64	CLOSED 9/2/71
65	ACTIVE
66	ACTIVE
67	ACTIVE
68	CLOSED 9/26/72
69	CLOSED 10/26/76
70	COUNTY FOSTER HOME ? NO FOSTER HOME IN CITY
71	CLOSED 6/28/79
72	ACTIVE



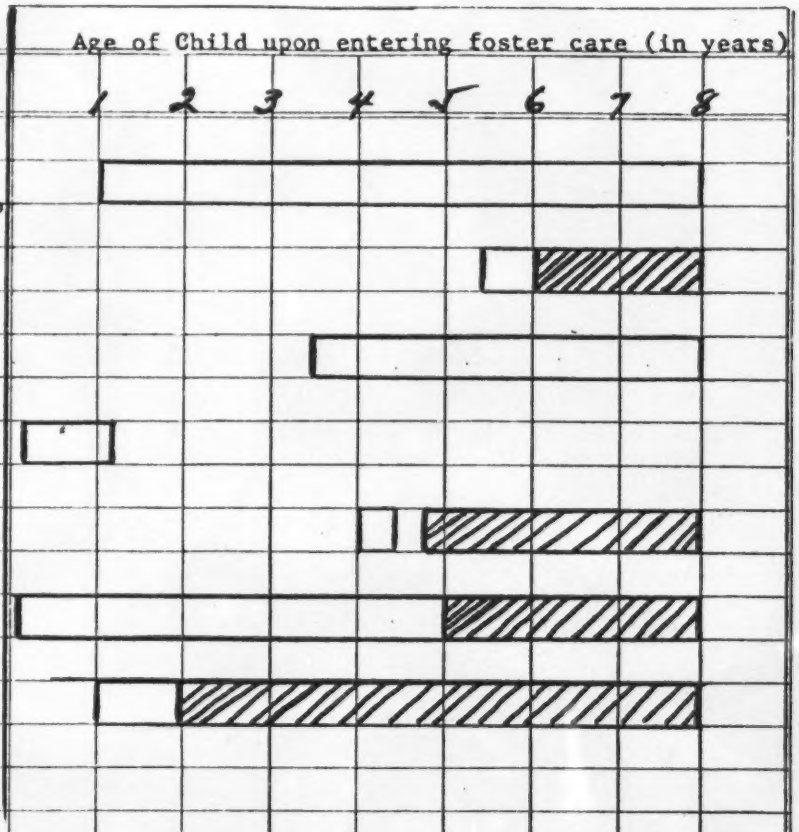
Case Number	Disposition of case - 1978 (Dept. of Social Services)
73	CLOSED 12/11/74
74	ACTIVE
75	CLOSED 7/24/75
76	ACTIVE
77	ACTIVE
78	ACTIVE
79	CLOSED
80	ACTIVE
81	CLOSED
82	ACTIVE
83	CLOSED 12/9/68
84	ACTIVE
85	CLOSED 11/9/76
86	CLOSED 10/30/72
87	CLOSED 11/14/71
88	? NO FOSTER HOME
89	CLOSED 5/9/74
90	CLOSED 2/19/71



Case Number	Disposition of case - 1978 (Dept. of Social Services)
91	CLOSED 6/65
92	ACTIVE
93	CLOSED 2/77
94	CLOSED 2/68
95	ACTIVE
96	CLOSED 9/69
97	ACTIVE
98	? No Foster Home
99	? No Foster Home
100	ACTIVE
101	CLOSED 7/67
102	CLOSED 2/68
103	CLOSED 10/67
104	Baltimore County Foster Home
105	ACTIVE
106	CLOSED 8/77
107	CLOSED 10/72



Case Number	Disposition of case - 1978 (Dept. of Social Services)
108	? NO FOSTER HOME IN BALTO. ? CHICAGO
109	CLOSED 5/74
110	ACTIVE
111	CLOSED 5/17/66
112	ACTIVE
113	CLOSED 1/4/74
114	ACTIVE



Children 'in limbo' sue for adoption

By JULIE RASKIN
and CAROLYN MALES

Last fall in Baltimore 9-year-old Timmy (not his real name) brought a custody suit against his biological mother and the city's Department of Social Services. His attorney, J. Barry Meinster, believes this is the first time, or one of the few times, in Maryland that a child has filed such a suit.

Timmy was taken from his mother's care as an infant. When he was a month and a half old, he went to live with his foster parents, the Huffmanns (as we shall call them), and has remained with them ever since.

Several years ago, the Department of Social Services filed a petition for guardianship with the right to consent to adoption. The department took this action to obtain the right to authorize Timmy's adoption. The petition sat. Finally last year, Timmy's social worker took action. She applied to Judicare, a program funded by the state Department of Human Resources, for a private attorney to represent Timmy.

The boy, meanwhile, was in limbo. He had always lived with Mrs. Huffmann whom he thought of as his mother. And yet, once every six or eight weeks, he would visit with a woman called his "real mother."

These visits were traumatic for the boy. He would never discuss them with Mrs. Huffmann. When she asked where he had been, he answered, "Down that place." To the question "Who did you see?" he would reply, "I don't know" or "Nobody." He referred to his natural mother as "that lady."

One time he came home with a book that Mrs. Huffmann knew was a gift from the child's natural mother or grandmother but Timmy told her his social worker had given it to him. Not only was Timmy protecting himself but "I think he was protecting me too," says Mrs. Huffmann.

Mother's visits interrupted

Timmy's natural mother visited with him when he was an infant and then stopped for two and a half years at the recommendation of his social worker. The visits resumed when the boy was 4 years old at the insistence of his natural mother. All of the visits took place at the Department of Social Services building in Baltimore. According to Mrs. Huffmann, the boy, even as an infant, was reluctant to go to meetings and before each one she would have to reassure him that he would be coming back to the Huffmanns.

During the years Timmy lived with the Huffmanns, other foster children were part of the family too. Timmy watched these children come and go. The boy feared that one day he too would have to leave since he had a "real mother."

Each time a child left the Huffmanns' care to be adopted or go to another foster home, the couple explained the situation to their natural and foster children to prepare them to cope with the situation. Some foster children "accept it fine," Mrs. Huffmann says. Others, like Timmy, have difficulty adjusting and feel insecure.

"I was concerned over the emotional strain [generated by his insecurity] on Timmy," explains his foster mother. "He couldn't handle the thought of being taken away."

He began cutting up in school, "really acting out," she says. "I had to seek psychiatric help for him."

The boy, like many other foster children, worried about appearing "different." "Timmy has used 'Huffmann' for his last name in school from first grade on because it makes him feel as if he belongs," says his foster mother.

"Being called a foster child is like putting a marker or a flag over the child's head," Mrs. Huffmann says. "Children will take the family's name so as not to be different. When a foster child is school-age, other kids will point him out and say, 'Oh my, a foster child,' equating that with being bad."

Outcome of the case

Timmy's lawyer argued in court that Timmy had lived his entire life with the Huffmanns and Mrs. Huffmann had become his "psychological" mother. Meinster won the case and the Huffmanns were granted the right to adopt Timmy.

During the time the trial was taking place Timmy was very quiet and withdrawn at home, according to Mrs. Huffmann. He only went to court once but was concerned with the outcome of the trial.

"Since it's been over, he's practically a different child," says Mrs. Huffmann. "He sleeps in his own bed. He sleeps better. Before he was waking up in the middle of the night."

Now whenever visitors come to the house, Timmy runs up to his mother and asks in a whisper, "Do they know? Do they know about me?"

He wants everyone to know that he is a Huffmann — he belongs.

Timmy was not the only foster child in Baltimore in limbo — never going to return to his natural family and drifting along in foster care with no permanent plan made for his future.

Of the 5,300 children in foster care in the city at the beginning of this year, somewhere between 800 and 1,000 are "in limbo" according to estimates by two administrators of the Department of Social Services, Judith Eveland, the district supervisor of the adoption department, and Estella Baughman, a special assistant in family and children's services. The figures are not exact. "We should be able to give those figures from a computer," admits Ms. Eveland, "but Maryland does not have that kind of a system." The department must gather any data by hand and does not have the staff or money to compile comprehensive statistics. "You just can't run your statistics by hand when your capacity is this large," Ms. Eveland continues.

In theory, almost no foster children should be "in limbo." "Foster care is supposed to be temporary," says Ms. Baughman. "It is a service which parent and child can ask for when their own family is unable to care for them and until such time as the family can care for them again." Sometimes the child is disrupting the family, but other times the problem centers around the adult's behavior. He or she may drink excessively, be abusive or neglect the child, or be unable to cope with parenthood.

Ideally, a child should spend only from 6 to 18 months in foster care, according to Ms. Baughman. During that time the parents should be working to improve the home situation so the child can return home. After foster care the youngster should either be returned home or some other permanent plan should be made for him, she feels.

Longer than necessary

"The philosophy has not always been carried out in practice," admits Ms. Eveland. "It is not an easy task to sit down and plan for these children per [social] worker. Children do remain in foster care for longer than should be necessary. They do not move toward going back to their biological family or toward adoption if that's where they're going."

To offer the family the most complete service, a social worker should counsel the natural parents and foster parents as well as the child, points out Ms. Baughman. This is not always possible, she continues, because "case loads are almost twice as big as they should be." In addition, notes Ms. Eveland, "the children and families who are coming in are experiencing a much greater state of disruption" than they did 10 years ago, and are more difficult to work with, and the cases are more time consuming.

So the children stay in foster care with their fate unresolved, but they are psychologically affected. "For the most part these kids, because they have no permanent attachments, remain emotionally detached from people and unable to form close relationships," says Nicholas Conti, A.C.S.C., medical administrator of the Supreme Bench Medical Office and consultant to Circuit Court II in Baltimore, a family court that handles adoption, visitation, divorce and other custody issues. "This impermanence causes a great deal of anxiety and fear in the child that translates into a kind of flatness — an I-don't-care-what-happens-to-me attitude."

This is especially true of kids who are shifted from one foster home to another. "The first time it happens it's extremely traumatic for the child," Mr. Conti continues. " 'What did I do to get rejected?' the child asks. 'It must be me.' The second time, there is a sigh of indifference. The kid is stoic — 'You can do anything you want with me.' The kid goes off in its own world."

Turning to crime

One consequence of this shifting can be anti-social behavior — snatching purses, robbing banks and even killing people, says Mr. Conti. "There is not object attachment with the parents. The impersonalization is there." Because these children have no strong interpersonal relationships or ties, they see the victims of their crimes as impersonal objects.

The Department of Social Services has

Continued on Page 6

Children 'in limbo' sue for adoption

Continued from Page 1

long been aware of the problem of long-term foster care children but has not had adequate resources to change the situation. Recently, the U.S. Department of Health, Education and Welfare's Office of Child Development funded a one-year project to provide permanent planning for foster children. Planners are working in Baltimore city, Prince Georges county and Wicomico county with 150 older children who have been in foster care for at least 2 years. The average age of the children in the entire project is 12.5 years and the average length of stay in foster care is 8.8 years. In the city, the average age is 13.11 years and the average length of stay is 11.4 years.

In a survey conducted for the project, researchers found that 11,086 children are in foster care in Maryland. Of that number 6,539 have been in foster care for at least 2 years, with 5,273 of them having no plans to return home. About half of the total state figures — 5,651 — are in foster care in the city with 4,100 placed for 2 years or longer and 3,444 of those not planning to return home.

"Our fundamental goal in this project," says John Leonard, permanent planner for the Baltimore city project, "is to provide a plan for these children so that they can make an exit out of foster care. In the past there have been no true goals for the child. Until now the focus has been on maintaining the child in foster care."

"In our project we use a decision-making, goal-oriented approach," he continues. The social workers first read each child's case history to determine if the child can possibly return home. If so, the social worker sits down with the parents and works out an agreement detailing what steps the parent must take for the child to be returned home. If the child cannot return home — his parents cannot be found, do not want him, cannot fulfill their part of the agreement — "we would move for termination of the natural parent's rights," explains Mr. Leonard. If a parent does not keep his part of the agreement, "this is a tool that can be used in the termination of parental rights."

Child comes first

"In all these cases," Mr. Leonard emphasizes, "we look at what is in the best interests of the child."

In the project the emphasis is on placing the child in a permanent situation. Case loads of the social workers are lower and, therefore, more time can be devoted to each family.

Kalman (Buzzy) Hettleman, the director of the Baltimore City Department of Social Services, believes this project will be beneficial. "It can provide additional evidence that if we have more staff and can work more with natural families, we can prevent many children in foster care from drifting."

Mr. Hettleman points out that permanent planning for foster children is time consuming. He says that in his department "there is a strong presumption that staying with the natural parent is best for the child" but even this takes time. In cases where the decision is to terminate the natural parents' rights the process takes even longer.

"Putting the paperwork through to get guardianship (with the right to consent to adoption) is the smaller part of the problem," he says. "The larger part, the tough part, is getting enough information to go before the judge. Strong evidence, including an independent psychological evaluation of the child, is needed. Proof must be presented that living with the natural parent is not in the best interests of the child.

While working on Timmy's case, Meinster decided that children "in limbo" need an advocate to represent them. The Department of Social Services and the parent "each has a contrasting opinion of what is in the best interest of the child," says Meinster. "The disputes result in litigation and become tied up in the courts for years" to the detriment of the child, according to the lawyers.

Meinster is trying to establish a pilot program in which a private attorney would represent children enmeshed in the foster care system. This attorney would actively pursue the child's interests and bring the case to trial as quickly as possible.

Meinster feels that what was accomplished in Timmy's case can be repeated. "Probably the most important result of Timmy's case is that he will grow up to be a more secure individual," he notes. "He'll get the opportunity to develop in a normal home environment where he has a mother and father he knows he'll always have. He will not suffer from the trauma and the fear of separation."

58

59